

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/743502**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5	1		1			
6		1		1		
7						
8	1		1			
9		1		1		
10	1		1			
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18						
19						
20	1		1			
21		1		1		
22	1		1			
23		1		1		
24						
25						
26						
27	3		1			
28	3		1			
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			15			
TOTAL CLAIMS			20			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831